2025 Hoops America summercamps

Hoops America
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SUMMER CAMPS AVAILABLE UNTIL AUG. 21, 2025

SUMMER REGISTRATION

1 Week $275 • 2 Weeks $500
3 Weeks $775 • 4 Weeks $1,000

REGISTER TODAY! **LOCATION**: Randolphville Elementary School (501 S. Randolphville Rd, Piscataway, NJ)

INFORMATION

Date _____

Player's Name _____ Gender (Circle) Boy / Girl

Parents or Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile _____ Other _____

Emergency Contact _____ Phone _____

Email (Family) _____ Email (Player) _____

Birthday _____ / _____ / _____ Grade _____ School _____

Source (Circle) Friend / Mailer / Web / Other _____ Referral Name _____

2025 SUMMER CAMP SCHEDULE (Students may switch their weeks at any time.)
Register now and you may retain your week or switch to the week of your choice!

WEEK 1: June 30- July 3
WEEK 2: July 7- July 10
WEEK 3: July 14- July 17
WEEK 4: July 21- July 24
WEEK 5: July 28- July 31
WEEK 6: August 4- August 7
WEEK 7: August 11- August 14
WEEK 8: August 18- August 21

GRADES 1-8 GIRLS & BOYS: 9:00am-12:00pm

HIGH SCHOOL GIRLS & BOYS: 12:00pm-2:00pm

- 4-Day Camp
- 2025 HS Graduates & College Players Are Eligible for Camps!

**** High School price is $220 per week***

- There is some flexibility to train with an older/younger group.

TUITION PAYMENT

Tuition Payment: Program Amount $_____ + **One-time Registration Fee $25** = Total $_____
(For new members only)

Payment Method: (Circle) Check / Cash

Payment Amount $ _____ Check # _____

Check payable to US Hoops Corporation.
All Summer Camp weeks must be used during the 2025 Summer Season. *NO REFUNDS.*

☐ **Participant Consent**
In choosing to participate in HoopsAmerica/US Hoops Clinic programs, I agree to all rules and regulations of the program. I exempt the HoopsAmerica/US Hoops Clinics, facilities (any facility in which programs are held) & staff members from any and all responsible for any injury I incur. Also I give permission to use individual/team photographs in publications and websites.

☐ **Parental or Legal Guardian Consent**
As the parent or legal guardian of the child named above, I hereby give full consent and approval for my child to participate in HoopsAmerica's basketball training programs. Also, I give permission to use individual/team photographs in publications and websites.

_____ Name of Participant or Parent or Guardian (Print)

_____ Signature of Participant or Parent or Guardian

_____ Date

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